**Doctoral Annual Report**

Candidate’s Name: ID:

**SUPERVISOR**

**I recommend that the candidate’s registration be:**

continued  terminated\*  continued subject to specified conditions as outlined below

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*\* Please attach a Change of Conditions Form with details*

**I have discussed my comments and completed the joint report with the candidate**   Yes  No

If no, please comment: …………………………………………………………………………………………………………………………………………………………………………....…………………………………………………………….……………………………………………………………………….......………………………………….

**I have recommended alterations to the candidate’s registration:**  Yes  No

If yes, please give details: …………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………...

1. Overall quality of work of the candidate

a. Very good  d. Irregular but satisfactory

b. Good  e. Below acceptable standard

c. Satisfactory

If (d) or (e) what measures have you taken?

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1. Overall rate of progress of the candidate

a. Very good  d. Irregular but satisfactory

b. Good  e. Below acceptable standard

c. Satisfactory

If (d) or (e) what measures have you taken?

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1. How often and by what means (e.g. email, face-to-face) is contact with your student maintained? (monthly supervision meetings are expected)

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1. Are you satisfied with the frequency and means of contact?  Yes  No

If no, please comment: ……………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...

1. Are there any issues of which the candidate or Head of Department should be aware?  Yes  No

If yes, what are these?

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1. Comments on progress and achievements since the last report:

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1. List any significant factors that might affect the candidate’s ability to submit the thesis/creative work by the date identified above.

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1. Is everything required (eg equipment, funds or other approvals) for completion by this date available?  Yes  No

If no, please comment:

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1. Are there changes needed to the registration conditions/details listed on the front page of this report?  Yes  No

If yes, please give details:

………………………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………………………………………………..

1. Please give an expected completion date:

……………………………

*Date*

**ASSOCIATE DEAN (POSTGRADUATE)**

**I endorse the above recommendations**  Yes  No

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...........................................

*Date*